## Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):	
Address of Service I	Provider: 704 N. King Street Suite 500 Wilmington, DE 19801
Name of Agent Des	ignated to Receive
Notification of Clair	med Infringement: Michael Gustafson
location)-	signated Agent to which Notification Should be Sent (a P.O. Box of acceptable except where it is the only address that can be used in the geographic ite 500 Wilmington, DE 19801
Telephone Number	of Designated Agent: (302)442-4101
Facsimile Number o	of Designated Agent: (302)442-4101
	esignated Agent: cheekseek@gmail.com
	"esentative of the Designating Service Provider:  Date: 01FEB2008

SCANNED 04-211/2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R P.O. Box 70400 Washington, DC 20024



RECEIVED

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